Housing Options for the Future: Older People's Preferences and Views on Villages with Care and Support

Abstract

A growing older population worldwide means there is a need to ensure there are sufficient housing options to meet a broad spectrum of need and aspiration. There is little understanding of the relative importance of the 'pull factors' that might attract older people to relocate to a new environment. Older people's views of the relative level of attractiveness of potential features of a specialist housing development offering care and support were investigated using Q methodology. 41 participants aged 53 to 89 living in a locality in Northern England rank ordered 70 statements during April to August 2016. The analysis revealed four viewpoints: adaptation and care seekers, comprising prioritisation of care provision, specialist accommodation and accessibility; care-indifferent luxurians, which encompasses attraction to some 'luxury' features and less emphasis on care provision; connected separatists, emphasising a distinct environment with good public transport connections; and independent engagers, comprising attraction toward social opportunities and remaining independent. Broad agreement was found on some topics, such as the generally high prioritisation of safety and security. The research provides a deeper understanding of differences in views toward housing options amongst older people which developers, planners and funders will need to recognise. Whilst providing high quality care may be a key objective for some organisations, this may not be the most important concern for some older people contemplating relocation, with many other features considered more attractive.

Key words: Housing options; relocation; Q methodology; older people; specialist housing for older people

What is known about this topic:

- Specialist housing for older people is increasingly being developed, sometimes including on-site care provision
- A variety of 'push' and 'pull' factors influence relocation to developments
- Little is known about how pull factors are prioritised amongst different groups of older people

What this paper adds:

- Pull factors of specialist developments vary in their relative attractiveness amongst older people, with priorities ranging from aspects including accessibility, care provision, leisure activities, public transport and social engagement opportunities
- On-site care provision may be considered relatively unattractive by some older people
- Promotion of certain features of specialist accommodation by developers and providers may simultaneously attract and repel different groups of older people

Introduction

Healthy life expectancy has been rising globally for decades (Murray et al., 2015), hence housing needs for the older population can no longer be equated simply with a need for care and support (Croucher, Peace & Bevan, 2003). There is now demand for accommodation that is suitable for both fit and frail older people that provide socially supportive and stimulating environments as well as health and care services. A broad spectrum of need and aspiration in the older population has stimulated interest in ensuring that there are diverse housing options (CIH and Housing LIN, 2014; Netten, Darton, Baumker & Callaghan, 2011). These options might include 'ageing-in-place', or relocation to a variety of accommodation types, including 'general needs' housing or specialist retirement schemes such as sheltered housing, extra care developments, or larger retirement villages which can comprise a mixture of these elements.

Retirement communities or villages generally comprise accommodation which is specifically for people who are no longer in full-time employment and above a specific age, and place emphasis on creating a sense of autonomy, security and collectivity (Phillips, Bernad, Biggs & Kingston, 2001). Some cater for care and support needs through the offer of support packages, while larger schemes may include leisure facilities (Bernard, Bartlam, Sim & Biggs, 2007). There is evidence that residents of specialist housing may: experience less loneliness; be less likely to need to relocate to institutional accommodation; experience a greater sense of control; spend less time in hospital on unplanned stays; experience improvements in mental health; and, for women experience longer life expectancy (Beach, 2015; Kneale and Smith, 2013; Holland et al., 2015; Mayhew, Rickayzen & Smith, 2017). Unsurprisingly, such developments are of increasing interest to developers and policymakers (Knight Frank, 2016; Savills, 2018; Communities and Local Government Select Committee, 2018).

The difficulties of existing settings and the attraction of new environments are influential in relocation decisions, commonly referred to as 'push' and 'pull' factors respectively (Baumker et al., 2012; Bekhet, Zauszniewski & Nakhla, 2009; Groger & Kinney, 2006; Crisp, Windsor, Anstey & Butterworth, 2013a). Pull factors may include: the potential of developing social networks; inclusion in a community of 'like-minded' people; local and accessible amenities; quality of the living environment; location and size of the complex; enhanced feelings of safety and security; the potential for increased autonomy; and access to interest groups and activities. Housing and environment design and accommodation price range are also influencing factors in decisions to relocate (Bernard, Bartlam, Biggs & Sim, 2004; Kupke, 2000; Groger & Kinney, 2006; Bekhet et al., 2009; Grant-Savela, 2010; Neville & Henriskson, 2010; Finn et al., 2011; Crisp, Windsor, Butterworth, & Anstey, 2013b; Walker & McManara, 2013; Ewen, Hahn, Erickson & Krout, 2014).

Access to on-site health and care services can be a pull factor in later life relocation decisions (Bernard et al., 2004;Bernard et al., 2007;; Bernard, Liddle, Bartlam, Scharf & Sim, 2012; Prawitz & Wozniak,

2005; Baumker et al., 2012; McVeigh, 2009; Evans, 2009; Liddle, Scharf, Bartlam, Bernard & Sim, 2014; Beach, 2015). Baumker et al. (2012) suggests that some people plan their move once they perceive that there is potential for decline in their health (Groger & Kinney, 2006; Walker & McManara, 2013). Moving from unsuitable housing to slow down physical deterioration, or moving to environments that can be adapted to individual need, can also be important pull factors (Croucher et al., 2003; Krout, Moen, Holmes, Oggins, & Bowen, 2002; Crisp et al., 2013b). Such moves may moderate risks associated with remaining in dwellings that may become increasingly inappropriate as age advances (Seaman, Stillman, Howard & Howard, 2015). In contrast, Croucher et al. (2003) and Gardner, Browning and Kendig (2005) identified that concerns about health were less of a motivating factor than the ability to manage practical aspects of their life such as home or garden maintenance, and optimising independence.

In the context of a shortage of specialist housing for older people in the UK (Knight Frank, 2016) there is significant interest in developing an understanding of push and pull factors. Previous research to investigate the features of specialist housing developments which may encourage or discourage relocation has generally been conducted using interviews, focus groups and relatively simple questionnaires (e.g. Beach, 2015; Crisp et al., 2013b). However, choosing an appropriate new home requires trade-offs, with prioritisation of some attributes requiring the deprioritisation of others. Van Dijk, Cramm, Van Exel and Nieboer (2015) recognised this and asked older people to rank the importance of neighbourhood characteristics for ageing-in-place. However, there remains little understanding of the relative importance of pull factors of specialist housing developments in particular, which stymies a detailed understanding of the differing priorities of older people. The current study aimed to investigate older people's views of the relative level of attractiveness of different aspects of specialist housing developments which include the offer of care and support. The research was completed on behalf of an organisation in Northern England which was exploring the opportunity for such a development. Whilst there was some certainty that the new 'village' could

involve some provision of care and support for older people, the specific features of the development were undetermined.

Methods

Study design

A Q methodology, drawing upon Van Dijk et al. (2015), was adopted. Q studies capture perspectives toward a topic by requiring participants to rank statements, known as Q statements, according to their views. Shared patterns of rankings are identified via by-person factor analysis to allow the reduction of perspectives to a smaller number of viewpoints or "factors". This allowed the identification of different perspectives on the relative appeal of different features. [Ethics approval statement removed to anonymise author institution].

Q statements

The statements related to specialist accommodation as 'villages which offer enhanced care and support'. The term "retirement village" was avoided because retirement villages do not necessarily offer care and support services. The statements were generated via a thematic approach (Watts & Stenner 2012). Eleven themes were used to complete this process, developed from the World Health Organisation's framework for age-friendly cities (WHO 2007) and Scotland's Place Standard tool (Architecture and Design Scotland, NHS Health Scotland & The Scottish Government 2015):

- Outdoor spaces and buildings
- Transportation
- Housing
- Social participation
- Respect and social approval
- Civic participation

- Communication and information
- Community support and health services
- Amenities and facilities
- Work and local economy
- Identity

The 33 statements used by Van Dijk et al. (2015) provided a starting point for developing statements for many of the themes. These were altered, removed and added to through discussions with professionals who commissioned the study and influenced by the academic literature on pull factors. Statement development drew on the recommendations of Watts and Stenner (2012): all consistently prefixed, in this case with "a village"; straight forward wording; and the avoidance of jargon. Seventy statements were developed, a number considered appropriate by Q methodologists (Watts & Stenner, 2012). The statements were printed on cards and each assigned a randomly generated reference number to avoid grouping the statements thematically.

Four individuals participated in a pilot to test the data collection process. This prompted this change: "A village where there are organisations I can visit for advice and support" to, "A village where I can access support and advice day and night".

Recruitment

A purposive sampling strategy was adopted as it allowed for the invitation of individuals with a range of backgrounds (Maxwell, 1997). Participants were recruited by the commissioning organisation via existing consultation and service-user groups and the wider community. People aged 50 and over living within the study locality and with capacity to consent were recruited. There was no other exclusion criteria. Gatekeepers were asked to recruit a mixed sample in relation to age, gender, health and housing tenure. There was no upper age boundary in order recruit a diverse sample of people

within a large age range, experiencing diverse needs. Q methodology does not seek to recruit large representative samples, as in many R methodological studies, as technically the sample consists of the Q statements and the participants form the variables (Watts & Stenner, 2012). Instead, the study aimed to recruit 40-60 participants, as consistent with the recommendation of Watts and Stenner (2012) to recruit fewer participants than the number of Q statements used (n=70). All participants provided written consent for their involvement after reading an information sheet about the study and the opportunity to ask questions.

Data collection

Data collection took place from April to August 2016. Q methodology comprises participant completion of a Q sort and a subsequent discussion of their interpretation of the statements and justification for choices, usually completed individually (Watts & Stenner 2012). This study instead asked participants to complete individual Q sorts in groups comprising two to eight people. This allowed a potentially richer discussion to take place following the sorting process. They were asked not to move statements after the discussion had begun to mitigate the risk of participants making rankings for social approval.

< Insert Figure 1 about here >

Before the activity began participants were read the Condition of Instruction to establish parameters:

> Thinking about villages which offer enhanced care and support as a place for you to live, what features of such villages do you find most attractive and most unattractive? Please sort the provided items in order to best describe how attractive you find them.

Participants then made an initial categorisation of each statement into one of three piles: attractive, unattractive, and no preference/unsure. The attractive statements were placed on a forced-choice frequency distribution grid, commencing with statements which they found most attractive at +6, moving sequentially to +5 then +4 and so on (Figure 1). They then considered the 'unattractive' pile and placed the statements on the grid commencing with -6, then -5 and so on. The final pile was then entered commencing with the most attractive until all cards were placed. Participants then had the opportunity to move statements around.

The participants were asked to state their top and bottom three statements and discuss their reasoning. Participants were also asked if there were issues not addressed in the statements. The discussions were audio recorded and transcribed verbatim.

Analysis

The 41 completed Q sorts were intercorrelated and subjected to by-person factor analysis using PQ Method computer software (Schmolk, 2002), with the researcher choosing the number of factors extracted from the data. A "factor loading" is produced for each Q sort in relation to each factor, representing the extent to which the Q sort is typical of the pattern of that factor. Different factor solutions were explored by extracting seven, six and five factor solutions. It was noted that there was a relatively high degree of homogeneity in the data, demonstrated by a large number of "confounded" Q sorts (significant association with more than one factor). As such, the significance level for the factor loading threshold was raised, as advised by Watts and Stenner (2012), from $p<0.01$ to $p<0.001$. Factor loadings of ±0.41 or above were significant at the $p<0.001$ level. A four factor solution was selected. This solution had at least three Q sorts significantly loading on each factor and passed "Humphrey's rule" (Brown 1980, cited in Watts & Stenner, 2012). Four factors were rotated using varimax rotation.

Factor interpretation involved holistic inspection of each factor array (Watts & Stenner, 2012). Attention was given to: statements ranked as +6 and -6; statements ranked higher or lower by one factor than any other; and statements significantly associated with a factor ($p<.01$).

Results

This section is divided into two subsections. The first describes the demographics of the participants, the four factors and their idealised Q sorts. The second provides an interpretation of the viewpoints.

Participant Sample and Factors

45 participants were recruited in total. Four people participated in the pilot study (2M/2F; aged 62-85). 41 individuals aged 53 to 89 participated in the main study (Table 1), the large age range aiming to enhance the sample's diversity of views and opinions.

< Insert Table 1 about here >

Four factors explained 41 per cent of the study variance, with an eigenvalue range of 3.28 to 5.33. 28 of the 41 Q sorts loaded significantly ($p<0.001$) on one of the four factors. Five Q sorts were "confounded", exhibiting statistically significant associations with more than one factor. Eight Q sorts were not significantly associated with any of the four factors. The Q factor analysis also demonstrated intercorrelation between factors (see Table 2). The highest correlation was between factors 1,3 and 4, with factor 2 slightly more distinctive.

< Insert Table 2 about here >

The factor-exemplifying Q sorts for each factor were merged to produce an idealised Q sort for each shared viewpoint, which are known as factor arrays (Table 3). This merged Q sort is an average of the Q sorts within it, with higher weighting given for those Q sorts which loaded more strongly. Attractive features overall were: good public transport and close proximity to amenities such as shops, GP surgery and pharmacy. Bungalows were the most attractive type of housing for all viewpoints. Access to work opportunities and the local cycle network were deprioritised by participants. Analysis using PQMethod also provides its own determination of statements which exhibit a high degree of consensus, being broadly ranked in the same way by all factors and not distinguishing between any two (Table 4). This shows how participants generally prioritised the cleanliness and tidiness of their lived environment. Good road connections and views of green areas were also generally prioritised. Lower rent or mortgage repayments were not ranked highly by any group. The rankings also generally demonstrated how both social and physical characteristics of a 'village' can be prioritised when considering relocation. The relationship between the two was also raised in the discussions:

> …just because somebody's getting older it doesn't [mean to] say you've got to club them all…like in a building, like you're old and you live over there, its stigmatizing. I mean the whole idea of a village, of like older people I think it's quite discriminating to tell you the truth…regardless of how old you are, we are all part of the same society

< Insert Table 3 about here >

< Insert Table 4 about here >

Factor interpretation

The four factors are explored in the following subsections. The terms provided in brackets refer to the statement number and its ranking within the idealised Q sort being discussed. For example, (S55: +4) refers to statement S55 (see Table 3) being ranked within the +4 column.

Factor 1: adaptation and care seekers

Factor 1 has an eigenvalue of 4.1 and explains 10 per cent of the study variance. Seven participants are significantly ($p<0.001$) associated with this factor (4F/3M; median age = 69). Five own their homes outright, one owns with a mortgage and one rents from a local authority. The median length of time living in their current home is 37 years. Five live with their spouse and the other two live alone. Four do not drive while the other three drive daily. All but one of the group is retired, who is employed on a part time basis. The median self-assessed health rating is 70/100. This viewpoint prioritises both the provision of care and the availability of properties which are adapted to meet the needs of the residents. Adaptation and care seekers are attracted to properties for people with both physical (S65: +6) and learning disabilities (S20: +3) and with both homes and buildings which are easily accessible to wheelchair and mobility scooter users (S1: +6; S58: +5).

Properties which require lower maintenance (S52: +2) and are smaller than one's current home (39: 0) are relatively desirable. The group finds homes for sale appealing (S57: +1) and also ranks shared ownership higher than the other factors (S46: -2). Privacy of homes is not a priority (S4: 0) and properties which allow pets are unattractive (S36: -4). As one participant commented:

> I certainly wouldn't want a village with pets and all those dogs and cats running about. I have enough problems where we are. You'll understand I'm a cat and dog-hater. Especially

> cats…Honestly – you can't do anything about cats, can you? But they are a menace.

This perspective is notable for prioritising the provision of dementia care (S42: +1), end of life care (S56: +1) and short term home care for acute illnesses (S50: +4). Adaptation and care seekers are attracted to a village which has shops nearby (S37: +6) and which is easy to walk around (S43: +3). This perspective ranked a service charge to maintain outdoor space and buildings higher than the other viewpoints (S28: -2).

This perspective finds a village where people help each other (S3: -1), space for informal daily interaction (S5: -1), and opportunities to access organised social activities (S31: -3) and food growing (S11: -4) less appealing.

This group does not prioritise a village which is quiet (S44: -3), traffic free (S9: -5) or is viewed positively by others (S19: -4) and is repelled by an environment where there is similarity of age (S53: -6) or background of the residents (S51: -6) or where access to the village is controlled (S68: -6).

Factor 2: care-indifferent luxurians

Factor 2 has an eigenvalue of 4.1 and explains 10 per cent of the study variance. Eight participants are significantly ($p<0.001$) associated with this factor (5F/3M; median age = 63). One rents from a private landlord, another from a local authority, three own with a mortgage and three own their home outright. The median length of time living at their current address is 10 years. Five live with their spouse or partner and three live alone. Seven of the eight drive daily with one driving weekly. Four are retired, two in employment, one long term sick/disabled and one looking after family/home. The median self-assessed health rating for this group is 80/100. This viewpoint prioritises some more luxurious features whilst ranking adapted properties and the provision of care lower than other

groups. This group prioritise attractively designed homes (S25: +6) with private gardens (S8: +6), fast internet access (S10: +3) and the reputation of the village (S19: +3). The perspective encompasses attraction to a village which is located close to friends and family (S59: +6), cafes (S14: +4), restaurants (S34: +3) and useable green areas (S45: +5). Proximity to a gym (S32: 0) and pubs and bars (S22: 0) and the provision of reserved parking spaces (S16: +1) and food growing opportunities (S11: 0) are also more attractive to this group than others.

Bungalows are prioritised (S23: +5) and houses are appealing (S61: +2) when compared to other viewpoints, with communal dustbins unattractive (S62: -6). Tenure is less of a priority for this group with privately rented (S41: -2) and socially rented (S21: -2) homes ranked the same but with the former more desirable and latter less desirable for this viewpoint compared to others. The energy efficiency of homes is not a priority (S35: 0) and this perspective is also attracted to properties which allow pets (S36: +4).

Accessibility of both housing (S1: -3) and buildings (S58: -1) to wheelchair and mobility users, and homes for people with physical disabilities (S65: -2) are not priorities, and neither are short term care (S50: -1) and the provision of support and advice (S40: -1). The provision of dementia (S42: -4) and end of life care (S56: -5) are deprioritised for this viewpoint. One participant associated with the viewpoint stated:

> I've been in a village where end of life care is available and that would really put me off…I've been there, I've done that and it pulls other people down…I'm not saying put them away in segregated areas, but it pulls people down and it puts a low thing on other people. If you feel like that, other people's going to take that [feeling from] you, so no

Whilst the proximity of a GP surgery is quite highly ranked (S27: +3), it is less appealing than other viewpoints. This perspective does not prioritise shared outdoor areas (S30: -3) and environments which prohibit smoking (S29: -5) and find the prospect of a gated community unattractive (S68: -6).

Factor 3: connected separatists

Factor 3 has an eigenvalue of 5.33 and explains 13 per cent of the study variance. Eight participants are significantly ($p<0.001$) associated with this factor (6F/2M; median age = 71). Five rent their home from a local authority, one owns with a mortgage and one owns their property outright. Their median length of time living at their current address is nine years. Five live with their spouse or partner and three live alone. Six do not drive and two drive daily. All eight are retired. The median self-assessed health rating is 80/100 (n=7). This viewpoint is notable for its attraction to an environment which is different to the regular community setting, in terms of its design, service provision and resident mix but with less emphasis on "luxury" features and with good public transport connections. This viewpoint encapsulates a desire to live close to people who are of a similar age (S53: +3) and background (S51: +1) and where access to the village is controlled (S68: +1). These participants stated that their preference would be to live in an environment where people were within 10 years of their age. One commented:

> Well I think you mix in better…No I don't think it would [work with mixed ages]…You're more comfortable with people your own age…I mean the young ones can be a bit cheeky and…[they] think the old people are daft.

This group are attracted to a village which is safe and secure (55: +6), is traffic-free (S9: +1), is quiet (S44: +4) and has wide pavements and safe crossings (66: +4). However, connected separatists also place great weight on the ability to travel to and from a village via regular (S2: +6) and well-connected

(S6: +6) public transport. Whilst not a priority, shared outdoor areas are more appealing than for other perspectives (S30: -1).

The provision of support and advice (S40: +5), long-term home care (S26: +4), and the proximity of pharmacy services (S12: +5) are attractive features when compared to other perspectives. Bungalows (S23: +2) and houses (S61: -3) are both given a relatively low weighting when compared to the other viewpoints and communal dustbins are ranked higher amongst this group than others (S62: -3). Properties for private purchase (S57: -5), private rent (S41: -5) and shared ownership (S46: -5) were all relatively unattractive.

Properties with technologies to support independence (S63: -2), which make the most of renewable energy (S33: -1) and which are smaller than their current homes (S39: -6) are less attractive to this group, as is the quality of their design (S25: -1). This perspective also deprioritises some of the more luxurious features such as fast internet access (S10: -2), gyms (S32: -4), physical activity opportunities (S67: -2), usable green space (S45: 0), pubs and bars (S22: -6) and local cycle networks (S38: -6). It also encompasses less attraction towards villages which offer opportunities to engage in voluntary work (S49: -3) and the ability to be involved in its management (S69: -4).

Factor 4: independent engagers

Factor 4 has an eigenvalue of 3.28 and explains 8 per cent of the study variance. Five participants are significantly ($p<0.001$) associated with this factor (4F/1M; median age = 69). Two rent their homes from a local authority and the other three own their properties outright. The median length of time living at their current address is three years. All five participants live alone and are retired. Two live in a one bedroom property, two in a two bedroom and one in a three bedroom. Two participants do not drive, one drives daily and two drive weekly. The median self-assessed health rating for this group is 90/100 (n=3). This viewpoint prioritises interaction with other residents, engagement with social

opportunities within a village and also communicates a sense of independence. The group is attracted to a village where people know one another (S47: +2) and are willing to help (S3: +6) and update each other (S60: +1). One of these participants stated, "the people who live there are [more] important than the amenities and the amenities can be affected by the people who live there". Space for informal daily interaction (S5: +3) and opportunities to engage in voluntary work (S49: +4), training courses (S18: +2) and physical activity (S67: +5) are also attractive for this viewpoint. Also proximity to the local cycle network (S38: -3) is attractive to this group.

This viewpoint also encompasses attraction toward homes which offer technologies which support independence (S63: +6), whilst deprioritising homes which are smaller (S39: -6), homes which require less maintenance (S52: -4), proximity to friends and family (S59: -4) and wide pavements and safe crossings (S66: 0). Safety and security (S55: +4), whilst still attractive, is ranked higher by other viewpoints.

Communal dustbins are considered an unattractive feature (S62: -6). Socially rented properties are ranked highest by this viewpoint compared to others (S21: +2). The independent engager perspective rates properties which are attractively designed (S25: +6) and both energy efficient (S35: +5) and green (S33: +5) as attractive. Proximity to cafes (S14: 0) and shops (S37:0) are not priorities and neither are public transport (S2: 0) and reserved parking spaces (S16: -2). The viewpoint is keener than others on environments which prohibit smoking (S29: 0) and finds a service charge to maintain outdoor space and buildings unattractive (S28: -6).

Additional characteristics

Participants also identified other factors which might influence their relocation (Table 5). In addition to routine factors such as price and location, participants contributed a number of innovative ideas for future specialist developments for older people. Some drew attention to how many homes are

not designed with older people in mind, with sockets close to the floor and sinks in front of windows, making them difficult to clean. It was suggested that older people should be directly involved in the design of the homes in the prospective development. One participant suggested that prototype show rooms like those in IKEA could be used to help gather resident views of what would work better for older people. Another participant suggested that prospective residents engage in the custom development of dwellings through the allocation of plots. The prospect of multigenerational living was also raised, with one participant keen on any development including larger properties which could accommodate several generations from the same family.

< Insert Table 5 about here >

Discussion

Previous research has provided an understanding of the pull factors of specialist housing developments which may encourage relocation (Baumker et al. 2012; Crisp et al., 2013b; Walker & McNamara, 2013). However, there is limited understanding of the comparative attractiveness of such features . This potentially impedes the future construction of specialist housing (with integrated heath and care) for the heterogeneous population of older people that now exists.

This study applied the methodological approach of Van Dijk et al. (2015), which involves the prioritisation of features, to the specific context of specialist housing developments. Overall participants were attracted to developments that are safe and secure. This has consistently been shown to influence relocation by older people (Bekhet et al., 2009; Pannell & Blood, 2012; Cook et al., 2017). Despite some similarities, notable differences between the viewpoints identified in this study included: the attractiveness of adapted and accessible properties and the provision of care; prioritisation of more luxurious features such as private gardens, fast internet access and attractively designed properties; attraction to an environment which is notably different to the wider community

in terms of its design, service provision and resident mix; and desire for the opportunity to engage in social opportunities and remain independent.

Social and physical aspects of a 'village,' were often linked by participants, which is consistent with previous research (Prawitz & Wozniak, 2005; Van Dijk et al., 2015; Walker & McNamara, 2013). For many individuals connections were associated with not only the buildings they occupied, but also their personal experiences that buildings represented (Angus, Kontos, Dyck, McKeever & Poland, 2005; Sixsmith, 1986). These ideas echo what Rowles (1978, 1981) described as a 'surveillance zone'. Home is the dwelling and the people/territory that residents can see from within their home, and beyond to the local community that they frequent. Hence the idea of a village, represented all aspects of what the participants considered home – their connections, their dwelling, the immediate and more distant space beyond that building.

The Q method approach of this study provided insight to the views of older people regarding the relative attractiveness of features of specialist housing that they might consider when relocating. The fact that the statements were not developed by older people directly is a limitation of the study. Despite the piloting of the Q sort, the statements can only be considered a partial snapshot of the features which are likely to be considered attractive and unattractive by older people, which is supported by the additional factors the participants suggested. Secondly, Q studies do not intend to capture representative samples and therefore the findings cannot be generalised. Thirdly, the study did not include participants with dementia. There is increasing recognition of how people with dementia can experience the built environment differently to others (Greasley-Adams, Bowes, Cahill & Dyer, 2014), raising the potential for a distinct perspective which requires further investigation.

The research points towards some clear areas for future consideration by specialist housing developers. First, whilst the provision of high quality care may be a key objective of a prospective new

development, especially for financially insecure local authorities, it is important to recognise that for some older people this will not be the most important concern when considering relocation. Many other features may be considered more attractive, such as luxury features or the potential for social interaction. It is therefore important that developers and commissioners reflect not only on the purpose of any future development from a social or financial perspective, such as future savings to adult social care budgets (LGA, 2014), but on how potential residents may perceive such housing and the features which could be influential in their relocation. This will ensure that new developments will be successful in attracting residents to an environment which can meet their current and future needs.

Secondly, the research supports calls for a range of retirement accommodation to be developed in countries facing a shortfall, such as the UK (Savills, 2018). Older people should not be considered a homogenous group but instead a diverse demographic with a variety of different needs, interests and aspirations. This diversity needs to be reflected by a range of different types of specialist housing developments in the future. This can collectively enhance the choice available to people in later life and contribute to satisfying the broad range of preferences which exist.

References

Angus, J., Kontos, P., Dyck, I., McKeever, P., & Poland, B. (2005). The personal significance of home: habitus and the experience of receiving long-term home care. *Sociology of Health & Illness*, **27**(2), 161-187. doi: 10.1111/j.1467-9566.2005.00438.x

Architecture and Design Scotland, NHS Health Scotland & The Scottish Government (2015). *Place Standard*. Retrieved from: http://www.placestandard.scot/#/home

Baumker, T., Callaghan, L., Darton, R., Holder, J., Netten, A., & Towers, A.M. (2012). Deciding to move into extra care housing: residents' views. *Aging and Society*, **32**(7), 1215-45. doi: 10.1017/S0144686X11000869

Beach, B. (2015). *Village Life: Independence, Loneliness and Quality of Life in Retirement Villages with Extra Care*. London: ILC-UK

Bekhet, A. K., Zauszniewski, J. A. & Nakhla, W. E. (2009). Reasons for relocation to retirement communities: a qualitative study. *Western Journal of Nursing Research,* **31**(4), 462-79. doi: 10.1177/0193945909332009

Bernard, M., Bartlam, B., Biggs, S. & Sim, J. (2004). *New Lifestyles in Old Age: Health, Identity and Well-Being in Berryhill Retirement Village*. Bristol: Policy Press

Bernard, M., J., Bartlam, B., Sim, J. & Biggs, S. (2007). Housing and Care for older people: life in an English purpose-built retirement village. *Ageing and Society.* **27**(4), 555-78. doi: 10.1017/S0144686X07005983

Bernard, M., Liddle, J., Bartlam, B., Scharf, T., & Sim, J. (2012). Then and now: evolving community in the context of a retirement village. *Ageing and Society.* **32**(1), 103-29. doi: 10.1017/S0144686X11000079

CIH [Chartered Institute for Housing] and Housing LIN [Learning and Improvement Network]. (2014). *New Approaches to Housing for Older People*. Chartered Institute for Housing. Retrieved from: http://www.cih.org/resources/PDF/Policy%20free%20download%20pdfs/New%20approaches%20to%20delivering%20better%20housing%20options%20for%20older%20people.pdf

Communities and Local Government Select Committee (2018) Housing for Older Peple. Second Report of Session 2017-19. House of Commons. Retrieved from: https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/370/370.pdf

Cook G., Bailey. C., Hodgson P., Gray J., Barron E., McMillan C., Marston R., Binks E., & Rose J. (2017). Older UK sheltered housing tenants' perceptions of wellbeing and their usage of hospital services. *Health and Social Care in the Community*. **25**(5), 1644-54. doi: 10.1111/hsc.12398

Crisp, D. A., Windsor, T. D., Anstey, K. J. & Butterworth, P. (2013a). Considering relocation to a retirement village: predictors from a community sample. *Australasian Journal On Ageing.* **32**(2), 97-102. doi: 10.1111/j.1741-6612.2012.00618.x

Crisp, D. A., Windsor, T. D., Butterworth, P. & Anstey, K. J. (2013b). What are older adults seeking? Factors encouraging or discouraging retirement village living. *Australasian Journal On Ageing*. **32**(3), 163-70. doi: 10.1111/j.1741-6612.2012.00623.x.

Croucher, K., Peace, N. & Bevan, N. (2003). *Living at Hartrigg Oaks: Residents Views of the UK's First Continuing Care Retirement Community*. York: Joseph Rowntree Foundation.

Evans, S. (2009). 'That lot up there and us down here': social interactions and a sense of community in a mixed tenure UK retirement village. *Ageing & Society*. **29**(2), 199-216. doi: 10.1017/S0144686X08007678

Ewen, H. H., Hahn, S. J., Erickson, M. A. & Krout, J. A. (2014). Aging in Place or Relocation? Plans of Community-Dwelling Older Adults. *Journal of Housing for the Elderly*. **28**(3), 288-309. doi: 10.1080/02763893.2014.930366

Finn, J., Mukhtar, V. Y., Kennedy, D. J., Kendig, H., Bohole, P. & Rawlings-Way, O. (2011). Financial Planning for Retirement Village Living: A Qualitative Exploration. *Journal of Housing for the Elderly*. **25**(2), 217-42. doi: 10.1080/02763893.2011.571107

Gardner, I. L., Browning, C. & Kendig, H. (2005). Accommodation options in later life: retirement village or community living? *Australasian Journal on Ageing*. **24**(4), 188-95. doi: 10.1111/j.1741-6612.2005.00121.x

Grant-Savela, S. D. (2010). The influence of self-selection on older adults' active living in a naturally occurring retirement community. *Journal of Housing for the Elderly,* **24**(1), 74-92. doi: 10.1080/02763890903326996

Greasley-Adams, C., Bowes, A., Dawson, A., & McCabe, L. (2014) *Good practice in the design of homes and living spaces for people with dementia and sight loss.* The University of Stirling

Groger, L. & Kinney, J. (2006). CCRC here we come! Reasons for moving to continuing care retirement community. *Journal of Housing for the Elderly*. **20**(4), 79-101. doi: 10.1300/J081v20n04_06

Holland, C., Carter, M., Cooke, R., Leask, G., Powell, R., Shaw, R., West, K., Clarkesmith, D., Collins, J., Hagger, B., Kay, A., Lambie, J., Liddell, L., Wallis, S., and Boukouvalas, A. (2015) *Collaborative Research between Aston Research Centre for Healthy Ageing (ARCHA) and the ExtraCare Charitable Trust*. Birmingham: Aston Research Centre for Healthy Ageing.

Kneale, D., & Smith, L. (2013). Extra Care Housing in the UK: Can it be a Home for Life? *Journal of Housing For the Elderly.* **27**(3), 276-298.

Knight Frank (2016) *Retirement Housing*. London: Knight Frank

Krout, J.A, Moen P., Holmes, H.H., Oggins, J. & Bowen, N. (2002). Reasons for relocation to a continuing care retirement and community. *Journal of Applied Gerontology*. **21**(2), 236-56. Doi: 10.1177/07364802021002007

Kupke, V. (2000). Relocating for retirement or what makes a happy retirement? Paper presented to the Sixth Pacific Rim Real Estate Society Conference. Sydney, Australia. Retrieved from: http://www.prres.net/index.htm?http://www.prres.net/Proceedings/2000proceedings.asp

LGA [Local Government Association] (2014). *LGA Adult Social Care Efficiency Programme: The final report.* London: LGA

Liddle, J., Scharf, T., Bartlam, B., Bernard, M. & Sim, J. (2014). Exploring the age friendliness of purpose built retirement communities: evidence from England. *Ageing and Society*. **34**(9), 1601-29. doi: 10.1017/S0144686X13000366

Mayhew, L, Rickayzen, B, & Smith, D (2017) *Does living in a retirement village extend life expectancy? The case of Whiteley Village*. London: ILC-UK

Maxwell, J. (1997). Designing a Qualitative Study. In Bickman, L. and Rog, D. (eds) *Handbook of Applied Social Research Methods.* (pp. 69-100). Thousand Oaks, CA: Sage

McVeigh, T. (2009, May 17). How Britain is coming to terms with growing old. *The Guardian.* Retrieved from http://www.theguardian.com/uk/2009/may/17/ageing-population-retirement-saga-housing

Murray CJL, Barber RM, Foreman KJ,…Vos, T. (2015). Global, regional, and national disability-adjusted life years (DALYs) for 306 diseases and injuries and healthy life expectancy (HALE) for 188 countries, 1990–2013: quantifying the epidemiological transition. *Lancet.* 386, 2145–91. doi: 10.1016/S0140-6736(15)61340-X.

Netten, A., Darton, R., Baumker, T. & Callaghan, L. (2011). *Improving housing with care choices for older people: an evaluation of extra care housing*. Canterbury: Personal Social Services Research Unit.

Neville, S. & Henrickson, M. (2010). 'Lavender retirement': a questionnaire survey of lesbian, gay and bisexual people's accommodation plans for old age. *International Journal Of Nursing Practice*. **16**(6), 586-94. doi: 10.1111/j.1440-172X.2010.01885.x

Pannell, J. & Blood, I. (2012). *Supported Housing for Older People in the UK: An Evidence Review*. York: Joseph Rowntree Foundation.

Phillips, J., Bernard, M., Biggs, S. & Kingston, P. (2001). Retirement communities in Britain: a ' third way' for the third age? In Peace, S. M. & Holland, C. (eds), *Inclusive Housing in an Ageing Society : Innovative Approaches*. Bristol: The Policy Press, 189–213.

Prawitz, A. D. & Wozniak, P. (2005). Selection of a continuing care retirement community: does extent of search help predict resident satisfaction? *Journal of Housing for the Elderly*. **19**(2), 27-48. doi: 10.1300/J081v19n02_03

Rowles, G. D. (1978). *Prisoners of space? Exploring the geographical experience of older people.* Boulder, CO: Westview.

Rowles, G. D. (1981). The surveillance zone as a meaningful space for the aged. *Gerontologist*. **21**(3), 304-11. doi: 10.1093/geront/21.3.304

Savills (2018) *Retirement living*. London: Savills

Schmolk, P. (2002). PQMethod (version 2.35). Retrieved from: http://schmolck.userweb.mwn.de/qmethod/downpqwin.htm

Seaman, K. L., Stillman, C. M., Howard, D. V. & Howard, J. H., JR. (2015). Risky decision-making is associated with residential choice in healthy older adults. *Frontiers In Psychology,* **6**, 1192. doi: 10.3389/fpsyg.2015.01192

Sixsmith, J. (1986) The meaning of home: an exploratory study of environmental experience. *Journal of Environmental Psychology*, **6**(4), 281-298. doi: 10.1016/S0272-4944(86)80002-0

Van Dijk, H M, Cramm, J M, Van Exel, J & Nieboer, A P. (2015). The ideal neighbourhood for ageing in place as perceived by frail and non-frail community-dwelling older people. *Ageing & Society*. **35**(8), 1771-95. doi: 10.1017/S0144686X14000622

Walker, E. & McManara, B. (2013). Relocating to retirement living: An occupational perspective on successful transitions. *Australian Occupational Therapy Journal*. **60**(6), 445-53. doi: 10.1111/1440-1630.12038

Watts, S & Stenner, P. 2012. *Doing Q Methodological Research: Theory, Method & Interpretation.* London: Sage.

WHO [World Health Organisation] (2007). *Global age-friendly cities: a guide*. Geneva: World Health Organisation.

Figure 1

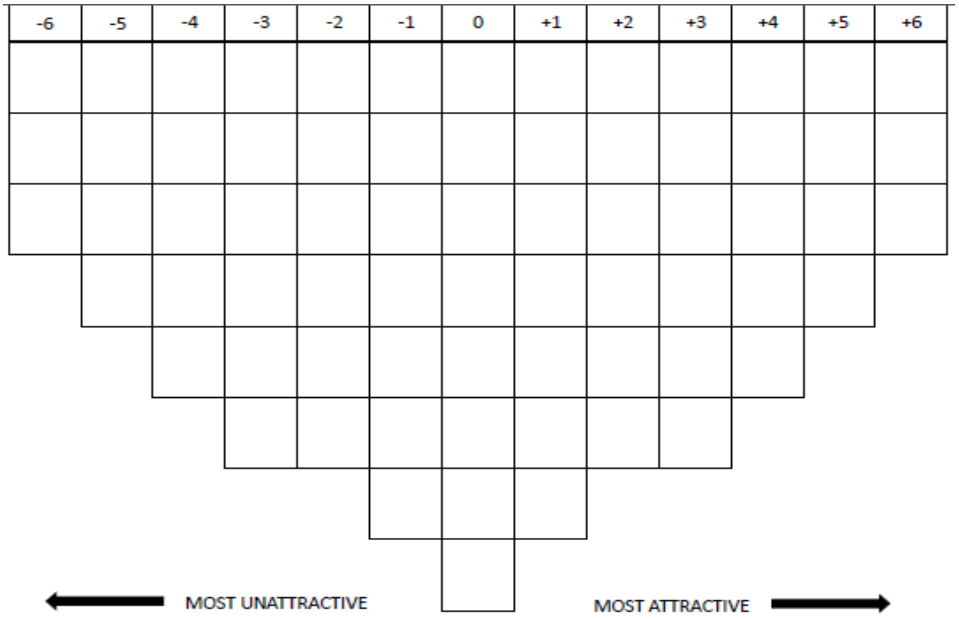

Table 1

		n=41	
Variable	**Category**	**Number**	**Median**
Age	50-59	4	69
	60-69	20	
	70-79	11	
	80+	6	
Gender	Female	26	-
	Male	15	
Housing Tenure	Rent from a private landlord	2	-
	Rent from the council	14	
	Own with a mortgage	6	
	Own outright with no mortgage	19	
Length of Time at Current Address	0-5 years	12	13
	6-10 years	7	
	11-15 years	5	
	16-20 years	3	
	21-25 years	0	
	26-30 years	2	
	31+ years	12	
Co-occupants	Lives alone	19	-
	Lives with spouse/partner	22	
Number of Bedrooms	1	8	3
	2	11	
	3	15	
	4	7	
Driving	I do not drive	15	-
	Weekly	5	
	Daily	21	
Current Situation	Full-time employed	2	-
	Part-time employed	2	
	Retired	32	
	Long term sick/disabled	4	
	Looking after family/home	1	
Health out of 100 today	0 to 20	1	80
	21 to 40	4	
	41 to 60	6	
	61 to 80	12	
	81 to 100	12	
General Health	Poor	6	-
	Fair	12	
	Good	8	
	Very Good	10	
	Excellent	5	
	Much worse now than one year ago	4	

Health Change	Somewhat worse now than one year ago	12	
	About the same as one year ago	17	-
	Somewhat better now than on year ago	5	
	Much better now than one year ago	3	

Table 2

Factors	1	2	3	4
1	1	0.4261	0.5361	0.5551
2	0.4261	1	0.3862	0.496
3	0.5361	0.3862	1	0.5061
4	0.5551	0.496	0.5061	1

Table 3

		Factor arrays			
No.	Q statements	1	2	3	4
S1	A village with homes which are accessible for wheelchairs and mobility scooters	6	-3	3	3
S2	A village with regular public transport	2	4	6	0
S3	A village where people are willing to help each other whenever necessary	-1	1	4	6
S4	A village which has homes which offer privacy	0	3	1	3
S5	A village which has space for informal daily interaction	-1	1	2	3
S6	A village with well-connected public transport	5	3	6	3
S7	A village where there is a library within walking distance	0	1	0	-1
S8	A village with homes which have private gardens	-3	6	-1	-3
S9	A village which is traffic-free	-5	-3	1	-4
S10	A village which has fast internet access	-1	3	-2	-1
S11	A village where there are allotments and other food growing opportunities available	-4	0	-2	-1
S12	A village with a pharmacy within walking distance	3	2	5	1
S13	A village where people have respect for other people	4	4	3	3
S14	A village where there are cafes within walking distance	2	4	1	0
S15	A village with views of green areas	1	2	2	1
S16	A village with reserved parking spaces	0	1	0	-2
S17	A village where carers collaborate and keep each other informed	0	-2	0	-1
S18	A village where there are training courses in different subjects available	-4	1	-4	2
S19	A village which is viewed positively by other people	-4	3	-3	2
S20	A village which has homes for people with learning disabilities	3	-3	-3	-1
S21	A village with homes available to rent from the council or housing associations	1	-2	1	2
S22	A village where there are pubs and bars within walking distance	-3	0	-6	-5
S23	A village which has bungalows	3	5	2	3
S24	A village which provides access to work opportunities	-5	-3	-5	-3
S25	A village with homes which are attractively designed	1	6	-1	6
S26	A village where home care is easily accessible on a long term basis	3	-1	4	-1
S27	A village with a GP surgery within walking distance	5	3	5	4

S28	A village where a service charge is paid to ensure the outdoor space and buildings are maintained	-2	-6	-4	-6
S29	A village with environments which prohibit smoking	-3	-5	-3	0
S30	A village with shared outdoor areas	-2	-3	-1	-2
S31	A village where I can participate in organised social activities	-3	5	2	5
S32	A village where there is a gym within walking distance	-2	0	-4	-3
S33	A village with homes which make the most of renewable energy	2	1	-1	5
S34	A village where there are restaurants within walking distance	0	3	-2	-2
S35	A village with homes which are energy efficient	4	0	4	5
S36	A village with homes which allow pets	-4	4	-2	-2
S37	A village where the shops are within walking distance	6	4	5	0
S38	A village which is connected to the local cycle network	-5	-4	-6	-3
S39	A village with homes which are smaller than my current home	0	-4	-6	-6
S40	A village where I can access support and advice day and night	3	-1	5	4
S41	A village with homes which are available to rent privately	-3	-2	-5	-3
S42	A village where there is dementia care available	1	-4	0	-1
S43	A village which is easy to walk around	3	1	1	1
S44	A village which is quiet	-3	-1	4	0
S45	A village with green areas I can use within walking distance	4	5	0	1
S46	A village with homes which are available to part-rent, part-purchase	-2	-4	-5	-4
S47	A village where people know each other	0	0	0	2
S48	A village which is clean and tidy	4	2	3	2
S49	A village which has opportunities to engage in voluntary work	-1	-1	-3	4
S50	A village where home care is easily accessible for short term acute illness	4	-1	2	1
S51	A village where people are of a similar background to me	-6	-4	1	-2
S52	A village with homes which require less maintenance than my current home	2	0	-1	-4
S53	A village where people are of a similar age to me	-6	-5	3	-5
S54	A village which has flats	-1	-5	-1	-5
S55	A village which is safe and secure	5	5	6	4
S56	A village where there is end of life care available	1	-5	0	0
S57	A village with homes which are available to purchase	1	-2	-5	-3

S58	A village with buildings that are easily accessible for wheelchairs and mobility scooters	5	-1	3	4
S59	A village which is located close to friends and family	0	6	3	-4
S60	A village where residents and others keep each other updated about what is going on locally	-2	-2	-1	1
S61	A village which has houses	-1	2	-3	-2
S62	A village which has communal dustbins	-5	-6	-3	-6
S63	A village where there are technologies available which support independent living	1	0	-2	6
S64	A village with homes where my mortgage or rent payments are lower than I currently pay	-4	-3	-4	-4
S65	A village which has homes for people with physical disabilities	6	-2	0	1
S66	A village with wide pavements and safe crossings	2	2	4	0
S67	A village where there are opportunities to engage in physical activity groups	-1	-1	-2	5
S68	A village which cannot be ordinarily accessed by people who do not live or work there	-6	-6	1	-5
S69	A village where I can be involved in its management and any changes	-2	0	-4	0
S70	A village which is well connected to the local road network	2	2	2	2

Table 4

Number	Statement
S7	A village where there is a library within walking distance
S13*	A village where people have respect for other people
S15*	A village with views of green areas
S17	A village where carers collaborate and keep each other informed
S48*	A village which is clean and tidy
S64*	A village with home where my mortgage or rent payments are lower than I currently pay
S70*	A village which is well connected to the local road network

All statements are non-significant at p>.01 and those flagged with * are also non-significant at p>.05.

Table 5

Additional characteristic
Availability of the “Right to Buy” scheme where social housing tenants can purchase their home at a discount
Communal hall
Cost
Deferred responsibility for property maintenance
Direct resident involvement in the design of the homes in the village, potentially using prototype show rooms
Larger properties for multigenerational housing
Lifts
Location of the village
Name of the development and its impact on individuals’ perceived eligibility for relocation and identity
Prices of products sold in nearby shops
Public benches
Public toilets
Self-build opportunities
Trial period of living within the development
Walkability